

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	09/701963
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	
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TOTAL	1	1	1	1				
TOTAL	6	5						
TOTAL	7	6						